

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743689

FILED
Apr 19, 2005
Secretary of State

Entity Name: SPANISH RIVER GARDENS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

SPANISH RIVER GARDENS
PO BOX 1434
BOCA RATON, FL 33429 US

New Principal Place of Business:

Current Mailing Address:

SPANISH RIVER GARDENS
PO BOX 1434
BOCA RATON, FL 33429 US

New Mailing Address:

FEI Number: 59-2412384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITH, THOMAS H
479 NE 20TH ST
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BUTKEVITS, VINCENT
Address: 250 SW 15TH DR.
City-St-Zip: BOCA RATON, FL 33432 US

Title: P () Delete
Name: GRIFFITH, THOMAS H
Address: 1600 SW 5TH AVE
City-St-Zip: BOCA RATON, FL 33432 US

Title: T () Delete
Name: IANNOTTI, JOHN
Address: 599 SW 15TH ROAD
City-St-Zip: BOCA RATON, FL 33432

Title: S () Delete
Name: INNELLA, LINDA
Address: 561 SW 15TH STREET
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SCHWARTZ, FRED
Address: 521 SW 15TH STREET
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN IANNOTTI

T

04/19/2005

Electronic Signature of Signing Officer or Director

Date